



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20180466
June 13, 2018

Mr. Michael F. Leban
Leban & Associates PC
154 Newton Road
Suite B6
Virginia Beach, VA 23513

Dear Mr. Leban:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a copy of an A-1 Immigration File pertaining to you. Your request was received in this office (PERS-00J) on June 13, 2018, from the Office of the Chief of Naval Operations (DNS-36), and has been assigned correspondence number CNPC20180466 by this command.

This command does not maintain A-1 File immigration records. This command primarily maintains U.S. Navy Official Military Personnel Files (OMPFs) for current for former military members from 1998 to present. If you seek a copy of a Navy OMPF pertaining to you this cannot be submitted via the Navy FOIAONLINE System. A written and signed request will need to be sent directly to the Records Branch (PERS-313). This can be done by completing the attached SF-180 or similar signed request then faxed to the Records Department at (901) 874-2664, or mailed to Navy Personnel Command, PERS-313, 5720 Integrity Drive, Millington, TN 38055.

If you believe an adequate search of this command's records was not conducted for an A-1 immigration file, you have the right to appeal this "No Records" determination, in writing, to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

Should you believe the submission of an appeal necessary, it must be received in that office within 90 calendar days from the date of this letter in order to be considered. Please attach a copy of this letter and the original request. Include a statement regarding why you believe this command may possess records responsive to your request. Please mark both the envelope and your appeal letter "FOIA/PA APPEAL."


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No assessable FOIA fees were associated with the processing of your request. I am the official responsible for this "No Records" response regarding records maintained by this command. Should you wish to discuss this matter, you may contact the undersigned at (901) 874-3165. You can also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or at (703) 697-0031. In addition, the Office of Government Information Services (OGIS) provides a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). Their website is below:
<https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a stylized flourish at the end.

D. P. GERMAN
FOIA/PA Officer
By direction

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>. To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS: (Furnish as much information as possible)

1. NAME USED DURING SERVICE (last, first, full middle)		2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)					
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED
SERVICE NUMBER (If unknown, write "unknown")					
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: _____					
7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES					

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a DELETED copy.
- ☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: _____
- ☐ **Other (Specify):** _____

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)
- Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
- ☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

(Relationship to deceased veteran)

- ☐ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
- ☐ OTHER

(Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name

Street

Apt.

City

State

Zip Code

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *

Signature Required - Do not print

Date

Daytime phone

Fax Number

Email address